

DELAWARE DEPARTMENT OF AGRICULTURE

APPLICATION FOR PESTICIDE REGISTRATION

In accordance with **Title 3 Delaware Code**, §1203, and the enclosed directions, application is hereby made for the registration of the following pesticide(s) for a period of two years:

Number of new products: (attach list of products on separate sheet) _____

Number of renewed products: (see list attached) _____

TOTAL number of products: _____

TOTAL FEE: (Total number of products X \$140.00) _____

PAYMENT OPTIONS: Enclose a check payable to the *Delaware Department of Agriculture*, or complete the enclosed Credit Card Authorization Form.

SUBMISSION: Return completed application and accompanying information to Delaware Department of Agriculture, Pesticides Section, 2320 S. Dupont Hwy., Dover, DE 19901

I hereby certify that the information contained in this Application is true and correct in every respect; that each and every package of the attached list of products will be labeled as described; and that the label declarations are guarantees as to the chemical composition of the products listed for, and on behalf of:

Company Name:	Submitted by (Firm):
Mailing Address:	Phone:
City, State, Zip:	Date:

Print Name _____ Title _____

SIGNATURE _____ **Date** _____

IMPORTANT: before application is approved the following items must be provided to the Department for review:

- ☐ **ONE** Complete and signed Application
- ☐ Accurate and complete label for each product brand
- ☐ List(s) of products on separate sheet(s) of paper, with EPA Registration Number
- ☐ Payment of \$140.00 for each pesticide brand or grade

FOR DEPARTMENT USE ONLY

Date received: _____ Check Date: _____ Check # _____

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